

## 2001 Open Enrollment for 2002

# Deputy Sheriff Guide

This guide explains your benefits (following the layout of your open enrollment form), what's changing in 2002 and the changes you can make to your coverage. It also lists who to contact if you have any questions in the Resource Directory on the last two pages.

## What's changing in 2002

### Regence BlueShield:

- Chemical dependency treatment maximum increases from \$10,326 to \$10,500 in any consecutive 24 months
- Chiropractic care can be directly accessed and no longer requires primary care physician referral
- Oral contraceptives are covered under the prescription drug benefit (effective July 1, 2001).

### PacifiCare:

- Chemical dependency treatment maximum increases from \$10,326 to \$10,680 in any consecutive 24 months
- There is a \$50 copay for smoking cessation.

### Group Health:

- Chemical dependency treatment maximum increases from \$10,326 to \$10,680 in any consecutive 24 months
- The copay for an emergency room visit changes from \$50 (waived if admitted) to \$75 for a network facility (waived if admitted); \$125 for a non-network facility.

## If you decide to ...

- Change medical/vision coverage ..... see pages 2-6
- Add or drop enhanced life insurance ..... 8
- Add or drop family members from coverage ..... 9
- Update your insurance beneficiaries ..... 9
- Participate in a flexible spending account ..... separate FSA Guide

Mark and return your open enrollment form **by Friday, November 2** to:

Benefits & Well-Being  
Yesler Building YES-HR-0500  
400 Yesler Way  
Seattle WA 98104-2683

Changes and FSA enrollment become effective January 1, with the exception of dropped family members (determined by qualifying event date) and updated insurance beneficiaries (change is immediate). If you change medical plans and:

- Don't receive your new medical card by the end of December, contact your new plan.
- Can't get a new plan booklet on the Web, circle the plan on your form and a booklet will be mailed to you.

No changes? Not participating in an FSA? Do nothing -- simply keep all materials for reference.

This guide is not a complete description of each plan. More details about each benefit are in your plan booklets, available at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or in alternate formats from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



## ■ Medical/Vision

Do you want to change medical/vision coverage? You may choose from three plan options. The option you select is the option your family members receive.

The following tables summarize and compare medical/vision plans.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Annual deductible	\$100/person; \$300/family	None	None
Copay/office visit	None	\$5	\$7
After deductible/copays, plan pays most covered expenses at ...	80% - 100%	100%	100%
Until you reach your annual out-of-pocket expenses of ... then most expenses are paid at 100% for rest of year	\$375/person (excluding deductible)	\$500/person; \$1,000/family	\$1,000/person; \$2,000/family
Lifetime max	\$1,000,000	No limit	No limit
Requires primary care physician (PCP)	No	Yes	Yes
Additional benefits for LEOFF 1 employees with occupational injuries	None	None	100% ambulance services; no emergency room care copay; 100% skilled nursing facility care up to 30 days/condition

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
Alternative care	Not covered	100% after \$5 copay/visit	100% after \$7 copay/visit
Ambulance services	80%	100%	80% (100% for LEOFF 1 with occupational injuries)
Chemical dependency treatment	\$10,500 max/24 mos	\$10,680 max/24 mos	\$10,680 max/24 mos
-- inpatient	100%	100%	100%
-- outpatient	100%	100%	100% after \$7 copay/visit
Chiropractic care	100%	100% after \$5 copay when referred by PCP; 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit when medically necessary
Circumcision	100%	100%	100%
Diabetes care training	100%	100%	100% after \$7 copay/visit
Durable medical equipment and diabetic equipment	80%	100%	80%
Emergency care (in an emergency room)	80% after \$25 copay (waived for accidental injury, surgery or if directly admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit at a network facility (waived if admitted); \$125 copay/visit at a non-network facility (waived if LEOFF 1 with occupational injuries)
Family planning	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
Home health	90% up to 130 visits/yr	100% up to 130 visits/yr	100%
Hospice care	90% (the greater of 6 mos or \$10,000 lifetime max)	100% (6-month lifetime max)	100% (limits apply; call plan for details)
Hospital care	80% inpatient and outpatient (inpatient subject to pre-admission approval)	100%	100%
Lab, x-rays and other diagnostic testing	100% physician services; 80% hospital services	100% (includes mammograms, prenatal tests)	100%
Manipulative therapy (including chiropractic services)	See chiropractic care	See chiropractic care	100% after \$7 copay/visit
Maternity care			
-- delivery and related hospital care	100% physician services; 80% hospital services	100% after \$10 copay/pregnancy	100%
-- prenatal and postpartum care	100% physician services; 80% hospital services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit

Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>Mental health care</b>			
-- inpatient	100% up to 8 days/yr	100% up to 30 days/yr; 100% residential and day treatment (also subject to inpatient max; each day of care counts as half an inpatient day)	80% up to 12 days/yr
-- outpatient	50% up to 12 visits/yr	100% after \$5 copay/visit up to 30 visits/yr	100% after \$20 copay/individual, family or couple/visit and \$10 copay/group session up to 20 visits/yr
<b>Neurodevelopmental therapy</b> (for children age 6 and under)			
-- inpatient	80% up to \$2,000 annual benefit max	100%	100% up to 60 days/condition/yr
-- outpatient	80% up to \$2,000 annual benefit max	100% after \$10 copay/visit up to 60 visits/condition	100% after \$7 copay/visit up to 60 visits/condition/yr
<b>Newborn care</b> (up to at least 3 weeks as mandated by state law)	100% physician services; 80% hospital services	Covered at various levels; call plan for details	Covered at various levels; call plan for details
<b>Physician and other medical and surgical services*</b>	100% physician services in an office, home, hospital or skilled nursing facility; 100% physician services for surgery; 100% lab and x-ray	100% inpatient; 100% outpatient after \$5 copay/visit	100% inpatient; 100% outpatient after \$7 copay/visit
<b>PKU formula</b>	100%	100%	100%

\* Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Call the medical plans for more information.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>Prescription drugs</b>			
-- <b>network</b> (must use participating pharmacies)	100% after copay (\$7 generic, \$12 preferred brand name or \$24 non preferred brand name); up to 30-day supply at network pharmacies (copays do not apply against deductible)	100% after \$5 copay/prescription or refill; 30-day supply at network pharmacies	100% after \$5 copay/prescription or refill; 30-day supply at Group Health pharmacy
-- <b>mail order</b>	100% after copay (\$14 generic, \$24 preferred brand name or \$54 non preferred brand name); 90-day supply (copays do not apply against deductible)**	100% after \$10 copay/90-day supply	100% after \$5 copay/30-day supply
<b>Preventive care</b> (such as routine exams and immunizations)	100%	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Radiation therapy, chemotherapy and respiratory therapy</b>	100% for radiation and chemotherapy; for respiratory therapy see home health, hospice or hospital care sections	100%	100% after \$7 copay/visit
<b>Rehabilitative services</b>			
-- <b>inpatient</b>	100% up to \$50,000/condition	100%	100% up to 60 days/condition/year
-- <b>outpatient</b>	80% up to \$2,000/yr	100% after \$10 copay/visit up to 60 days or visits/condition/yr	100% after \$7 copay up to 60 visits/condition
<b>Skilled nursing facility</b>	100% up to \$50,000/condition	100% up to 150 days lifetime max/condition (must be in place of a hospital stay)	100% for LEOFF 1 with occupational injuries up to 30 days/condition; not covered for LEOFF 2
<b>Smoking cessation -- sessions</b>	75% after deductible; network provider; \$500 lifetime max	100% after \$50 copay/network program	100% network provider; 1 program/yr max
<b>Smoking cessation -- nicotine replacement</b>	Not covered	100% after \$20 copay for each 4-week supply if prescribed by PCP (90-day treatment max)	100% or \$5 copay/30-day supply (whichever is less) for network program
<b>Sterilization procedures</b>	100%	100%	100% after \$7 copay/visit
<b>Supplemental accident benefits</b>	100% up to \$600/injury (deductible does not apply)	Not covered	Not covered

Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>TMJ</b>	Not covered	Not covered	Up to \$1,000 max/person/yr in plan payments; lifetime max of \$5,000/person
<b>Tooth injury</b>	100% physician/dentist/denturist services; 80% hospital services (up to \$600/injury; deductible does not apply)	100%	Not covered
<b>Transplants</b> (certain transplants/services only)	100% physician and travel expenses; 80% hospital services; (donor organ procurement costs up to \$25,000; travel expenses up to \$2,500/transplant)	100% up to \$500,000 lifetime max	100%
<b>Urgent care</b>	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Vision care</b>			
-- <b>eye exams</b>	100% for 1 exam/calendar yr (deductible does not apply)	100% for 1 exam every 12 mos (participating providers)	100% after \$7 copay for 1 exam every 12 consecutive mos (must use Group Health providers)
-- <b>eyeglasses</b> (frames and lenses)	Allowance/lens (max of 2 separate lenses/calendar yr): Single vision \$20 Bifocal \$30 Trifocal \$40 Lenticular or aphakic \$65 Frames (every 2 yrs) \$30	100% for 1 pair of glasses and frames/person/24 mos (participating providers); 100% to max allowable benefit of \$100 (non-participating providers)	Not covered
-- <b>contact lenses</b> (instead of glasses)	Medically necessary, up to \$100/lens provided only for aphakia or if vision is correctable to 20/70 or better only by use of contact lenses; if cosmetic, single lens allowance applies (deductible does not apply)	100% up to \$100 for standard contacts (benefits limited to once every 24 mos)	Not covered

## Dental

Your dental coverage is provided through Washington Dental Service (WDS).

WDS increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
<b>Annual deductible</b>	None, but you and each covered family member pay coinsurance (if any), amounts in excess of usual and customary rates (unless you see a participating dentist) and expenses for services not covered.
<b>Annual max benefit</b> (doesn't apply to orthodontic or TMJ services)	\$2,500/person
Covered Expenses	Plan Pays
<b>Diagnostic and preventive services</b> (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70% - 100% based on your incentive level; see dental booklet for details
<b>Basic services</b> (fillings, stainless steel crowns, extractions, root canals, periodontics)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – restorative</b> (crowns, onlays, fixed bridges)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – prosthodontics</b> (dentures)	70%
<b>Orthodontic services</b> (for adults and children)	60%, up to a \$2,500 lifetime benefit max
<b>Orthognathic surgery</b>	70% up to a \$5,000 lifetime benefit max
<b>Accidental injury</b>	100%

## ■ Basic Life Insurance for You

You automatically receive county-paid basic life insurance. If you die for any reason, your beneficiaries receive \$6,000.

## ■ Basic Life Insurance for Family Members

The eligible family members you enroll automatically receive county-paid basic life insurance. If your spouse, domestic partner or child (14 days or older) dies, you receive \$1,000.

## ■ Enhanced Life Insurance for You

**Do you want to add or drop the enhanced life insurance you purchase for yourself?** You may purchase additional life insurance for yourself in the amount of your base annual salary less \$6,000. If you elect this enhanced coverage, you pay the full cost of \$.35/\$1,000 each month (the rate is the same in 2001 and 2002).

For example, if your base annual salary is \$40,000 and you elect enhanced coverage, your enhanced coverage amount is  $\$40,000 - \$6,000 = \$34,000$ . You pay  $\$.35 \times 34 = \$11.90$  each month for this amount.

No evidence of insurability is required if you elect enhanced life insurance when you are first eligible, but evidence of insurability is required if you add it now -- during open enrollment.

## ■ Basic Accidental Death and Dismemberment Insurance for You

You automatically receive county-paid basic AD&D insurance. If you die in a covered accident your beneficiaries receive \$6,000 in addition to your life insurance benefit. If you are dismembered or paralyzed you receive an amount that depends on the type of loss.

AD&D insurance is not available to family members.



## ■ Benefit Eligible Family Members

**Do you want to add eligible family members for coverage under your benefit plans? Do you want to drop family members from coverage?** If so, indicate in the spaces provided on your open enrollment form. (If you delete a spouse/domestic partner, attach a Statement of Termination of Marriage/Domestic Partnership to your open enrollment form. The form is available at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or from Benefits & Well-Being.)

The following family members are eligible under your coverage if you enroll them:

- Your spouse/domestic partner (copy of marriage certificate or an Affidavit of Marriage/Domestic Partnership must be filed with Benefits & Well-Being; affidavit on back of open enrollment form)
- Unmarried children of you or your spouse/domestic partner who are:
  - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return). A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.
  - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by the plan.

There is no cost to cover family members, but when you cover a domestic partner (DP) and DP's children for health benefits (medical/vision and dental) the IRS taxes you on the value of the coverage. To do this, the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary. Here are the taxable values of the different combinations of health plans.

Health Plans	DP Only		DP's Children		DP & DP's Children	
	2001	2002	2001	2002	2001	2002
Regence BlueShield & WDS	\$285.05	\$291.01	\$244.65	\$249.42	\$529.70	\$540.43
PacifiCare & WDS	\$282.55	\$314.27	\$228.93	\$254.63	\$511.48	\$568.89
Group Health & WDS	\$228.98	\$298.72	\$204.50	\$267.87	\$433.48	\$566.89

## ■ Insurance Beneficiaries

**Do you want to update your insurance beneficiaries?** You may update beneficiaries anytime, but your open enrollment form provides space for you to update them now if necessary. (Your beneficiaries are not in a database, so they're not printed on your form. Refer to the copy of the last beneficiary form you submitted for current beneficiary information. Always keep copies of beneficiary and other forms for your records.)

You can designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death, your contingent beneficiaries receive your benefit. If you name multiple beneficiaries in either category (primary or contingent), their shares must add up to 100%. List beneficiaries in both sections of the form even if they are the same for both life and AD&D.

If you're married and you do not choose to list your spouse as your only primary beneficiary for either life or AD&D insurance, your spouse must sign the Spouse Waiver section of the form.

## ■ Affidavit of Marriage/Domestic Partnership

Complete this section of your open enrollment form if you need to document a marriage or domestic partnership.

## Resource Directory

Questions About ...	Contact ...
<b>Enrollment</b> <ul style="list-style-type: none"> <li>• Benefits</li> <li>• Law Enforcement Officers' and Fire Fighters' (LEOFF) Retirement System</li> </ul>	<b>Sheriff's Office Personnel Unit</b> King County Courthouse KCC-SO-0100 516 Third Ave., Seattle WA 98104-2312 Phone 206-205-7601* ■ Fax 206-205-7608
<b>General Benefits</b> <ul style="list-style-type: none"> <li>• Health and life insurance plans</li> <li>• Flexible Spending Account enrollment</li> <li>• Change forms</li> <li>• Alternate formats</li> </ul>	<b>Benefits &amp; Well-Being</b> Yesler Building YES-HR-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206-684-1556* ■ 1-800-325-6165 x41556* ■ Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
<b>Medical/Vision</b> <ul style="list-style-type: none"> <li>• Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.)</li> <li>• Filing claims</li> <li>• Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<b>Regence BlueShield</b> PO Box 21267, Seattle WA 98111-3267 Phone 1-800-544-4246* ■ 206-464-3663* E-mail thru Web www.regence.com  <b>Postal Prescription Services</b> mail order Rx for Regence PO Box 42200, Portland OR 97242-0200 Phone 1-800-552-6694* E-mail usmyrrx1@ibmmail.com Web www.ppsrx.com  <b>PacifiCare</b> PO Box 3005, Hillsboro OR 97123 Phone 1-800-932-3004* E-mail thru Web www.pacificare.com  <b>Prescription Solutions</b> mail order Rx for PacifiCare PO box 9040, Carlsbad CA 92018-9040 Phone 1-800-562-6223* E-mail thru Web www.pacificare.com  <b>Group Health</b> PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636* ■ 206-901-4636* E-mail info@ghc.org ■ Web www.ghc.org
<b>Dental</b> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Filing claims</li> <li>• Other plan details</li> </ul>	<b>Washington Dental Service</b> PO Box 75688, Seattle WA 98125-0688 Phone 1-800-554-1907* ■ 206-522-2300* E-mail cservice@deltadentalwa.com ■ Web www.deltadentalwa.com
<b>Law Enforcement Officers' and Fire Fighters' (LEOFF) Retirement System</b> <ul style="list-style-type: none"> <li>• General information</li> <li>• Beneficiary changes</li> </ul>	<b>Washington State Department of Retirement Systems</b> PO Box 48380, Olympia WA 98504-8380 Phone 1-800-547-6657 ■ 360-664-4700 ■ 360-586-5450 (TTY) E-mail recep@drs.wa.gov ■ Web www.wa.gov/drs/drs.html

\* TTY 1-800-833-6388 (Washington Relay Service)

Questions About ...	Contact ...
<b>Flexible Spending Account Processing</b> <ul style="list-style-type: none"> <li>Account balances</li> <li>Reimbursement</li> </ul>	<b>Associated Administrators Inc./AAI</b> PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340* ■ Fax 1-800-979-8987 E-mail flex@aai-tpa.com
<b>Deferred Compensation</b> <ul style="list-style-type: none"> <li>Enrollment</li> <li>Changes (beneficiaries, contributions, allocations, etc.)</li> <li>Quarterly work site seminars</li> </ul>	<b>T. Rowe Price</b> PO Box 17215, Baltimore MD 21297-1215 Phone 1-888-457-5770* E-mail thru Web rps.troweprice.com/kingcounty/retirementplan/
<b>Counseling &amp; Resource Referral</b> <ul style="list-style-type: none"> <li>Personal, family and work problems</li> <li>Financial and legal matters</li> <li>Child care, elder/adult care</li> </ul>	<b>Making Life Easier</b> Phone 1-888-874-7290* (24 hours a day, seven days a week)
<b>Mildly Ill Child Care</b>	<b>Virginia Mason's Tender Loving Care</b> Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle WA 98101 Phone 206-583-6521* E-mail thru Web www.virginiamason.org/dbchildrens/sec2778.htm
<b>Mortgage Assistance</b>	<b>Home Mortgage Assistance Program</b> Phone 1-888-656-1733* Web www.metrokc.gov/ohrm/benefits/all/mle.htm#mortgage
<b>Employee ID/Keycard/Bus Pass</b> <ul style="list-style-type: none"> <li>Department ID coordinators</li> <li>Replacements</li> </ul>	<b>Department of Construction and Facility Management</b> Room 206 King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206-296-0104*  Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206-205-8802*
<b>Employee Transportation Program</b> <ul style="list-style-type: none"> <li>Discounted ferry passes</li> <li>Vanpool subsidy</li> <li>Carpool, bike and walk incentives</li> <li>Ridematching services</li> <li>Home Free Guarantee ride home</li> </ul>	<b>Employee Transportation Program</b> Yesler Building YES-TR-0600 400 Yesler Way, Seattle WA 98104-2683 Phone 206-263-4575* E-mail emtrans@metrokc.gov Web www.metrokc.gov/ohrm/benefits/all/etp.htm
<b>Credit Unions</b>	<b>King County Credit Union</b> Multiple locations Phone 1-800-248-6928* Web www.kccu.com  <b>MetroPacific Community Credit Union</b> Multiple locations Phone 1-800-538-0607* E-mail thru Web www.mppccu.org

\* TTY 1-800-833-6388 (Washington Relay Service)